

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
OFFICE OF POLICE COMPLAINTS  
730 11<sup>th</sup> Street, N.W., Suite 500  
Washington, D.C. 20001  
(202) 727-3838  
24-Hour Toll-free Number (866) 588-0569  
[policecomplaints.dc.gov](http://policecomplaints.dc.gov)**

**COMPLAINT FORM**

**1. OPC Control Number**

*To Be Completed by OPC Staff*

**2. Day, Date & Time Complaint Received**

*To Be Completed by OPC Staff*

**3. MPD Control System Number**

*To Be Completed by OPC Staff*

**4. How Complaint Was Received:**

*To Be Completed by OPC Staff*

**In Person ☐ Fax ☐ E-mail ☐ U.S. Mail ☐ MPD ☐ Other ☐ Specify:**

**5. Complainant's Name - Last, First, Middle**

**6. Date of Birth**

**7. Age**

**8. Sex**

**9. Race, National Origin or Ethnicity**

**10. Home Address**

**11. Home Telephone Number**

**12. Work Address**

**13. Occupation**

**14. Work Telephone Number**

**15. Other Means of Contacting Complainant** (*cell phone or pager number, e-mail address, friend, etc.*)

**16. General Nature of Incident**

**17. Location of Incident**

**18. D.C. Ward** (*where incident occurred*)

**19a. Day of Week Incident Occurred**

**19b. Date of Incident**

**19c. Time of Incident**

**20. Witnesses**

**21. Officers Involved** (*name, badge number, police district, if known*)

**22. MPD Vehicle Number/Description**

**23. Physical Description(s) of Officer(s)** (*hair and eye color, height, sex, race/ ethnicity, etc.*)

**24a. Describe Injuries** (*if any*)

**24b. Where Treated** (*name of hospital, doctor, etc.*)

**25. Preferred Language of Communication** (*if other than English*)

**26. Name(s), Telephone Number(s) or Contact Information** (*of other people present during the incident, including other police officers*)

**OPC-1 (Reverse Side)**

**Complainant's Name – Last, First, Middle**

**OPC Control Number**

*To Be Completed by OPC Staff*

**27. Describe the Incident:**

**Attach Additional Pages if Necessary**

**Page      of**

**28. Complainant's Certification**

**"I hereby certify that to the best of my knowledge, and under penalty of perjury, the statements made herein are true."**

\_\_\_\_\_  
**Complainant's Signature**

\_\_\_\_\_  
**Date**